

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737880

1. Entity Name

BARCLAY WOODS HOMEOWNERS ASSOC., INC.

R

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90038 032 ****61.25

Principal Place of Business

417 BARCLAY AVE
 ALTAMONTE SPRINGS FL 32701
 US

Mailing Address

417 BARCLAY AVE
 ALTAMONTE SPRINGS FL 32701
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1751099

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, DIANE
 417 BARCLAY AVE
 ALTAMONTE SPRINGS FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAJEWSKI, WILLIAM	
STREET ADDRESS	412 BROADVIEW AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERVIN, ROBERT	
STREET ADDRESS	419 BARCLAY AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, KATHY	
STREET ADDRESS	511 ARVERN CT	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SNYDER, DIANE	
STREET ADDRESS	417 BARCLAY AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, DIANE	
STREET ADDRESS	417 BARCLAY AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER, ROGER	
STREET ADDRESS	513 ARVERN CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Snyder **REQUIRED** Diane Snyder 8:20:00 (407) 834-3740
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)